STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155679	A. BUILDING 01 B. WING	04/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHLEHEM WOODS NURSING AND REHABILITATION CENTE	4430 ELSDALE DR FORT WAYNE, IN46835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 04/11/11 Facility Number: 000260 Provider Number: 155679 AIM Number: 100267820 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Bethlehem Woods Nursing and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully	K0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. The provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post survey revisit on or before May 10, 2011.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 90 and had a census of 88 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/15/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0046 SS=C	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. Based on observation, record review and interview; the facility failed to ensure 8 of 8 emergency light fixtures were tested monthly for at least 30 seconds in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of	K0046	It is the practice of this provider to ensure that all battery operated emergency light fixtures are fully operational by testing them at 30 day intervals for a minimum of 30 seconds and to keep written records of these tests.What corrective action(s) will be accomplished for those residents	05/10/2011

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	Emergency Lighting Equipment requires a functional test shall be conducted on every required battery powered emergency lighting system at 30 day intervals for a minimum of 30 seconds. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all resident, staff and visitors. Findings include: Based on an observations with the Maintenance Supervisor and the Housekeeping/Laundry Supervisor on 04/11/11 from 10:40 a.m. to 1:55 p.m., eight battery operated emergency lights were observed throughout the facility. Based on an record review with the Maintenance Supervisor at 10:30 a.m., documentation of a monthly test for the month of October 2010 was not available for review. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for		found to have been affected by the alleged deficient practice:No residents were affected by the alleged deficient practice. The Maintenance Supervisor has tested all battery operated emergency lights for at least 30 seconds and has documented such tests. The Maintenance Supervisor will continue to test all emergency lights on a monthly basis for at least 30 seconds and these tests will be documented in the written record.How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken:All residents have the potential to be affected by the alleged deficient practice. The Maintenance Supervisor will test and document the testing of the emergency lights monthly in the Preventative Maintenance Manual and the Executive Director will review the Preventative Maintenance Manual each month and sign off that the emergency light testing was completed and documented.What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:The Maintenance Supervisor will test and document the testing of the emergency lights monthly in the Preventative Maintenance Manual and the Executive Director will review the Preventative	

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	review. 3.1-19(b)		Maintenance Manual each month and sign off that the emergency light testing was compelted and documented. The Maintenance Director will also be re-inserviced by May 10, 2011.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur: A CQI monitoring tool will be utilized weekly x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with facility policy/procedure may result in disciplinary action and/or re-education.	
K0051	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6			
SS=E	Based on observation and interview, the facility failed to	K0051	It is the practice of this provider to ensure that no smoke detectors are installed where air flow would	05/10/2011

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	ensure 2 of 6 smoke detectors in the 100 hall and the Beauty Shop were not installed where air flow would adversely affect their operation. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect any of the 32 residents on the 100 hall and any resident in the Beauty Shop in the event of an emergency. Findings include: Based on an observations with the Maintenance Supervisor and the Laundry/Housekeeping Supervisor on 04/11/11 from 11:30 a.m. to 12:00 p.m., one of the five smoke detectors on the 100 hall was located within three feet of a supply air duct and a return. Additionally, one of one smoke detectors in the Beauty Shop was located within three feet of an supply air duct. This was acknowledged by the Maintenance Supervisor at the time of observation.		adversely affect their operation.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: No residents were adversely affected. Two smoke detectors in the 100 hall and the Beauty Shop were moved so that air flow would not adversely affect their operation.How will you identify others having the potential to be affected by the same alleged deficient practice: All residents have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor will tour the entire facility to ensure that no other smoke detectors are installed where air flow would adversely affect their operation. If any are found, the Maintenance Supervisor will make sure they are moved so that air flow will not adversely affect their operation.What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:The Maintenance Supervisor will tour the enitre facility to ensure that no other smoke detectors are installed where air flow would adversely affect their operation. If any are found, the Maintenance Supervisor will make sure they are moved so that air flow will not adversely affect their operation. The Maintenance Supervisor will	

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	3.19(b)		be re-inserviced on acceptable locations for installation of smoke detectors.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	
K0052	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4			
SS=C	Based on observation and interview, the facility failed to properly test and maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.	K0052	It is the practice of this provider to ensure that the fire alarm system is properly tested and maintained.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: No residents were affected by the alleged deficient practice.How you will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken: All residents have the potential to be affected by the same deficient practice. The Maintenance Supervisor will contact a fire alarm specialty	05/10/2011

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	Findings include: Based on an observation with the Maintenance Supervisor and the Housekeeping/Laundry Supervisor on 04/11/11 at 1:55 p.m., when the automatic dialer component was placed in trouble from phone line failure, a local trouble was initiated. The dialer component was located in the communication room in the front Administration hall which was not continually occupied. The trouble signal was not transmitted to the main fire alarm panel or any other continuously occupied location. The trouble signal was not located in an area where it was likely to be heard. Additionally, the trouble lamp was illuminated at the automatic dialer component indicated a trouble with the DACT (Digital Alarm Communicator Transmitter). Based on an interview with the Maintenance Supervisor at the time of observation, he was not aware the trouble light was illuminated. 3.1-19(b)		company and have that company assess and fix the fire alarm system, most specifically making sure the trouble signal is in an area where it is likely to be heard, and will make sure the reason for the trouble lamp illumination is identified and fixed.What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:The Maintenance Supervisor will contact a fire alarm specialty company and have that company asses and fix the fire alarm system, most specifically making sure the trouble signal is located in an area where it is likely to be heard, and making sure the reason for the trouble lamp illumination is identified and fixed. The Maintenance Supervisor will be re-inserviced on the importance of properly testing and maintaining the fire alarm system. The Maintenance Supervisor will check the fire alarm system for proper operation on no less than a monthly basis and will include ensuring the trouble signal is likely to be heard and will make sure the trouble light is not illuminated, and if so, will ensure the problem is identified and fixed immediately. The Maintenance Supervisor will document the monthly checks in the Preventative Maintenance manual and these checks will be	

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			signed off by the Executive Director on a monthly basis.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	
K0056	If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5			
SS=E	1. Based on observation and interview, the facility failed to ensure only one type of sprinkler head i.e. quick response or standard sprinklers were installed in 1 of 1 Cottage dining rooms. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use	K0056	It is the practice of this provider to ensure that the automatic sprinkler system is installed and maintained properly.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice:No residents were found to have been affected by the alleged deficient practice.How you will identify other residents having the potential to be affected by the	05/10/2011

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	quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect any of the 19 Cottage residents who might be in the Cottage dining room at the time of an emergency. Findings include: Based on observations with the Maintenance Supervisor, the Housekeeping/Laundry Supervisor and the Administrator on 04/11/11 at 11:05 a.m., the Cottage dining room had what appeared to be two quick response sprinkler heads with the thin glass vial and six standard response sprinkler heads. Based on an interview with the Administrator at 11:10 a.m., she contacted P.I.P.E Inc. regarding this issue and was told it is the practice of P.I.P.E to install quick response sprinkler heads when any sprinkler head requires replacing. The Administrator stated the sprinkler heads in question developed leaks. 3.1-19(b)		same alleged deficient practice and what corrective action will be taken: All residents have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor will contact a specialty sprinkler system company and will ensure that all of the same type of sprinkler heads are installed on the Cottage; that the armover of the sprinkler pipe above the celing tile near the D wing fire doors is properly supported; that the sprinkler head installed above the dryers is moved at least 4 inches from the wall.What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:The Maintenance Supervisor will contact a specialty sprinkler system company and will ensure that all of the same type of sprinkler heads are installed on the Cottage; that the armover of the sprinkler pipe above the ceiling tile near the D wing fire doors is properly supported; that the sprinkler head installed above the dryers is moved at least 4 inches from the wall. The Maintenance Supervisor will be re-inserviced on the importance of proper installation and maintenance of the facility's sprinkler system.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized	

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	2. Based on observation and interview, the facility failed to ensure 1 of 1 armovers on the sprinkler system was supported in accordance with NFPA 13, 1999 edition. Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. These deficient practices could affect any residents in the main dining room and the Beauty shop. Findings include: Based on observation with the Maintenance Supervisor and the Housekeeping/Laundry Supervisor on 04/11/11 at 1:45 p.m., there was an unsupported armover of the sprinkler pipe measuring twenty nine inches in length above the ceiling tile near the D wing fire doors. This was acknowledged by the Maintenance Supervisor at the time of observations. 3.1-19(b)		every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	

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	3. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler heads installed above the dryers was at least four inches from the wall. NFPA 13, 5-6.3.3 requires upright and pendant sprinkler heads shall be installed at least four inches from the wall. This deficient practice was not in a resident care area but could affect and number of staff. Findings include: Based on observation with the Housekeeping/Laundry Supervisor on 04/11/11 at 12:15 p.m., the sprinkler head above the dryers was mounted two inches from the wall. This was acknowledged by the Housekeeping/Laundry Supervisor at the time of observation. 3.1-19(b)			

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K0061	Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1			
SS=F	Based on observation and interview, the facility failed to ensure 1 of 1 PIVs (post indicator valve) was electronically supervisor. This deficient practice affects all occupants. Findings include: Based on observation with the Maintenance Supervisor and the Housekeeping/Laundry Supervisor on 04/11/11 at 10:58 a.m., the PIV was in the open position with the handle removed. No electronic tamper device was observed on the PIV. Based on an interview with the Maintenance Supervisor at the time of observation, the handle is kept in the sprinkler riser room. 3.1-19(b)	K0061	It is the practice of this provider to ensure that the the automatic sprinkler system has valves supervised so that at least a local alarm will sound when the valves are closed.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: No residents were found to have been affected by the alleged deficient practice.How you will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken: All residents have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor will contact a specialty sprinkler system company and ensure that an electronic tamper device is installed on the Post Indicator Valve. The Maintenance Supervisor will also ensure that the handle is on the Post Indicator Valve. The Maintenance Supervisor will be re-inserviced on the requirements of keeping an electronic tamper device on the PIV and keeping the handle on the PIV.What measures will be put into place or what systemic changes you will	05/10/2011

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			make to ensure that the alleged deficient practice does not recur: The Maintenance Supervisor will contact a specialty sprinkler system company and ensure that an electronic tamper device is installed on the Post Indicator Valve. The Maintenance Supervisor will also ensure that the handle is on the Post Indicator Valve. The Maintenance Supervisor will be re-inserviced on the requirements of keeping an electronic tamper device on the PIV and keeping the handle on the PIV.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	
K0062	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			
SS=C	Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition,	K0062	It is the practice of this provider to ensure that a complete supply of spare sprinklers for the automatic sprinkler system are stored on the premises.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged	05/10/2011

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BETHLEHEM WOODS NURSING AND REHABILITATION CENTE	4430 ELSDALE DR FORT WAYNE, IN46835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement. Findings include: Based on observation with the Maintenance Supervisor on 04/11/11 at 11:06 a.m., thin glass vial sprinkler heads were observed in the Cottage dining room. When asked to retrieve this type of sprinkler head from the spare sprinkler head cabinet, the Maintenance Supervisor stated there were no sprinkler heads of this type in the spare sprinkler cabinet.		deficient practice: No residents have been affected by the alleged deficient practice.How you will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken: All residents have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor will ensure a supply of at least 6 spare sprinklers are stored on the premises for replacement purposes, including two sprinklers of each type and temperature rating that are installed.What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:The Maintenance Supervisor will ensure a supply of at least 6 spare sprinklers are stored on the premises for replacement purposes, including two sprinklers of each type and temperature rating that are installed. The Maintenance Supervisor will be re-inserviced on the necessity to keep a sufficient back up supply of existing types of sprinklers on the premises.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155679	A. BUILDING 01 B. WING	04/11/2011

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	3.1-19(b)		plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	
K0064	Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10			
SS=B	1. Based on observation and interview, the facility failed to inspect 2 of 2 fire extinguishers observed in the resident's lounge and the main nurses' station each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 4-3.4.2 requires fire extinguisher inspections at least monthly with the date of inspection and the initials of the person performing being recorded. In addition, NFPA 10, Section 4-2.1 defines inspection as a "quick check" to ensure the fire extinguisher is available and will operate. It is intended to give reasonable assurance the fire extinguisher is fully charged and operable, verifying that it is in its designated place, it has not been actuated or tampered with and there is no obvious or physical damage or condition to prevent its operation. This deficient practice could affect all residents in the resident's lounge and at the main	K0064	It is the practice of this provider to ensure portable fire extinguishers are inspected timely and documentation of the inspection is performed timely.What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: No residents were found to have been affected by the alleged deficient practice.How you will identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken: All residents have the potential to be affected by the same alleged deficient practice. The Maintenance Supervisor has inspected the 2 fire extinguishers in the resident's lounge and at the main nurses' station and has documented as such. The Maintenance Supervisor will contact a specialty fire system company and ensure that the K-class portable fire extinguisher in the kitchen receives proper maintenance and is tagged as such.What measures will be put into place or what systemic changes you will make to ensure that the alleged	05/10/2011

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	nurses' station in the event of an emergency. Findings include: Based on observations with the Maintenance Supervisor and the Housekeeping/Laundry Supervisor on 04/11/11 from 11:40 a.m. to 12:02 p.m., the monthly inspection tag on the resident's lounge fire extinguisher lacked documentation of a monthly inspection for the months of February and March 2011 and the fire extinguisher at the main nurses' station lacked documentation of a monthly inspection for the month of March 2011. This was acknowledged by the Maintenance Director at the time of observation. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 K-class portable fire extinguishers requiring a 12-year hydrostatic test was emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10,		deficient practice does not recur:The Maintenance Supervisor has inspected the 2 fire extinguishers in the resident's lounge and at the main nurses' station and has documented as such. The Maintenance Supervisor will contact a specialty fire system company and ensure that the K-class portable fire extinguisher in the kitchen receives proper maintenance and is tagged as such. The Maintenance Supervisor will be re-inserviced on the required maintenance and timeframe for maintenance of K-class portable fire extinguishers and will continue with required checks.How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur:A CQI monitoring tool will be utilized every week x 4, monthly x 3 and quarterly thereafter. Data will be submitted to the CQI committee. If threshold is not met, an action plan will be developed. Non-compliance with the facility policy/procedure may result in disciplinary action and/or re-education.	

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	Standard for Portable Fire Extinguishers Chapter 4-4.3. This deficient practice was not in a resident care area but could affect any number of staff. Findings include: Based on observation with the Maintenance Supervisor on 04/11/11 at 12:30 p.m., the maintenance tag on the K-class fire extinguisher in the kitchen indicated the last six year test was completed January 2004. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)			